INDIGENOUS HEALING PRACTICES AMONG THE ADIYAN AND MAVILAN TRIBAL COMMUNITIES OF KERALA: AN ANTHROPOLOGICAL STUDY

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BY

SUKANYA G

UNDER THE GUIDANCE OF

PROF. SANGEETHA MENON,
DEAN, SCHOOL OF HUMANITIES & HEAD, NIAS-CSP,
NATIONAL INSTITUTE OF ADVANCED STUDIES, BENGALURU
&
DR. M.P. DAMODARAN,
ASSISTANT PROFESSOR & HEAD
DEPARTMENT OF ANTHROPOLOGY
UNIVERSITY OF MADRAS, CHENNAI

NATIONAL INSTITUTE OF ADVANCED STUDIES
INDIAN INSTITUTE OF SCIENCE CAMPUS, BENGALURU

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CHAPTER I
INTRODUCTION

The concepts of disease, etiology, healing practices, and health have been integral parts of culture since the origin of humanity. A close and inseparable relationship exists between the culture and healing practices among indigenous communities. Therefore, it is essential to examine the diverse notions of disease, healthcare, and practices such as diagnosis (Reddy, 1995, p.35). Healing and disease have socio-cultural roots and beliefs. Various philosophies and cultural backgrounds influenced the development of both traditional and modern systems of medicine. They approach health, sickness, and disease causation in different ways (Tolera et al., 2011, p.201).

1.1 Objectives of the Study

The objectives of the study are:

1. To observe and document the life and culture of these communities.
2. To understand beliefs, practices, and concepts associated with health and disease.
3. To document their indigenous healing practices in the context of their cultures and concepts of health and disease.

1.2 Research Questions

The goal of the study was guided by the following questions to facilitate responses on specific information. The primary questions are:

1. What are the notions about health, disease, illness, and healing among these communities?
2. To what do they attribute the disease and illness in these communities, and how do they classify them on the basis of the same?
3. What are the different types of indigenous healing practices which exist among the Adiyan and Mavilan communities?
4. What are the various ways in which indigenous knowledge of healing has been transmitted from one generation to another?

5. What are the different ways in which the life and culture of Adiyan and Mavilan tribal communities are shaping their indigenous healing practices?

1.3 Theoretical Background

The researcher used the Ethnomedical theoretical approach in this study, focusing on community healthcare beliefs and associated practices, customs, and social roles. Additionally, the researcher used the theories of Principles of Disease Etiologies (proposed by George M. Foster) and Explanatory Model of Illness (postulated by Arthur Kleinman) to gain a deeper understanding of the causes of illness and the indigenous healing methods of the Adiyan and Mavilan tribal communities. Grasping patients' explanatory model is crucial for delivering patient-centered care.

Foster (1976) identifies two principal etiologies in his analysis of the notion of illness in non-Western healthcare systems. He points out that the majority, though not all, of the illness causes observed in non-Western medical systems can be explained by two fundamental principles: personalistic and naturalistic (Foster, 1976, p. 775).

1.4 Significance of the Study

The tribal communities' perspectives on health, disease causation, healthcare beliefs, and practices are culturally specific and different from a modern medical point of view. While bringing modern medicine and healthcare programs to the tribal areas, it is essential to understand the healthcare approaches of the tribal communities. Various healthcare programs formulated and implemented by policymakers and health professionals in tribal areas do not majorly succeed due to a lack of understanding of the beliefs and practices of tribal communities associated with their health-seeking behavior from an emic perspective (insider view).

1.5 Research Methodology

This study employs a mixed methodology, combining qualitative and quantitative methods.[1] Ethnographic research is a central part of this approach, supplemented by

[1] The broad framework or perspective that directs the study's methodology, including its theoretical and philosophical tenets, is referred to as the "approach" in research (Creswell, 2014, p. 3). On the other hand, "method" refers to the specific techniques or procedures used to collect and analyze data (Berg & Lune, 2012, p. 4).

surveys and a comprehensive analysis of the community's health practices and cultural context. Section 1.5.1 explains the detailed methods and techniques of data collection. The researcher conducted the study among the ten Adiyan settlements located in the Thirunelly and Mananthavady panchayats of Wayanad District and ten Mavilan settlements situated in the Pilicode, Kodom-Belur, Bedadka, Kallar, Kinanoor-Karinthalam, and Pullur-Periye panchayats of Kasargod District. The researcher used convenience sampling to select the population from settlements in Wayanad and Kasargod districts, where traditional healers majorly belong to the Adiyan and Mavilan communities. Traditional healers are not always present in all settlements, so it is essential to identify and include the settlements where they live. Therefore, using the convenience sampling technique was more appropriate.

1.5.1 Methods and Techniques of Data Collection

The study facilitated data collection using methods such as ethnography, fieldwork, interview, observation, transect walk, genealogy, case study, focus group discussion, and survey. The ethnographic method helped the researcher understand day-to-day practices and how culture influences healing methods and practices. The researcher adopted the participant observation method in collecting the data related to the ritual, which is associated with healing, diagnosis, offering, etc. The quasi-participant method helped cross-check and validate the data collected through the interviews. The case study assisted in clarifying specific issues and comparing the various healing practices of these communities. The Focus Group Discussion method helped the researcher to reassure about data related to healing practices. The researcher used the triangulation approach in the study. Various data collection tools are employed to gather data from the field: two interview schedules and one survey questionnaire prepared per the study's requirements.

1.5.2 Data Analysis

The researcher used thematic data analysis. The researcher transcribed the voice recordings of the interviews and Focus Group Discussions, segregated the data, categorized the transcribed data through a coding method, combined the codes into themes, and drew inferences. The researcher conducted a thematic analysis, organized the observations and findings into chapters, and presented them as thick descriptions, tabulations, and narratives.

CHAPTER II
REVIEW OF LITERATURE

This literature review clarifies the concepts in this study and helps provide the theoretical background. The review has five sections. The first section is an overview of medical anthropology, discusses the major approaches of medical anthropology, and provides an overview of the ethnomedical system. The second section discusses significant studies on the healing practices of tribes located outside India. The third section provides reviews of major studies about the healing practices of tribes in Kerala and India. The fourth section provides a view of studies on the healing practices and other aspects of Adiyan tribal communities. Lastly, the fifth section gives a review of the studies related to the healing practices and other aspects of Mavilan tribal communities.

The literature review shows that while there have been numerous studies on tribal life and culture, there have been remarkably few on their indigenous healing system. Although researchers have conducted numerous studies on the life and culture of Adiyan and Mavilan communities, the literature review shows few studies on their indigenous healing system, beliefs about health and disease, and the relationship between food habits, disease, and treatment. While most studies on tribal healthcare systems focus on documenting ethnomedicinal plants rather than exploring their complexity and holistic understanding, researchers should conduct thorough research to change this perspective. The literature review suggests no comprehensive study on indigenous healing practices of the Adiyan Tribe of Wayanad and the Mavilan Tribal community of Kasargod. Documentation of medicinal plants is one of the important elements of this comprehensive study on the Indigenous healthcare system employed by the tribal population. Other essential elements are as follows:

- Documentation of ethnomedicinal plants
- Classification of diseases and associated beliefs
- Concept of health and disease, and causes of disease or illness
- Healthcare Beliefs and Practices
- Functions and Significance of Ethnomedical Specialists
- Healing rituals and their significance
- The inextricable relationship between healthcare and food habits
- Pluralistic Healthcare Approaches

CHAPTER III
ETHNOGRAPHIC PROFILES OF ADIYAN AND MAVILAN TRIBAL COMMUNITIES

This chapter presents brief ethnographic profiles of the Adiyan and Mavilan Tribal Communities. The Adiyan communities belong to the Scheduled Tribes and inhabit the States of Kerala and Karnataka. In Kerala, the majority of the Adiyans reside in the Wayanad district. Adiyans are commonly known as *Ravulars* within the community. Mavilans are also a Scheduled Tribal Community residing in the Kannur and Kasargod districts of north Kerala. The Mavilan community had the status of a Scheduled Caste until 2002 when the 2002 constitutional amendment granted Scheduled Tribe status to the Mavilans. The researcher conducted the study among the Mavilan community who reside in Kasargod District. There has been a significant transformation in the cultural and societal practices of the Adiyan and Mavilan communities. The traditional dwellings that were once prevalent among these communities have gradually diminished, giving way to the prevalence of concrete houses in their settlements. Similar to other communities, the livelihoods of these groups have undergone significant transformations. Their sustenance relies heavily on crop cultivation, agricultural pursuits, and wage labor, resulting in notable cultural shifts within these communities.

The economic structure and food culture of tribes are closely intertwined. Traditionally, the Adiyans and Mavilans relied on agriculture for sustenance. Their diet is primarily composed of rice, millet, various grains, wild tubers, wild fruits, honey, bamboo rice, meat of birds, wild meat, crab, and a variety of fish. Their food habits have changed due to changes in their way of life. The implementation of the Forest Rights Act has prohibited hunting, leading to a dramatic change in their diet. Despite these modifications, both Adiyan and Mavilan communities still follow several rituals and practices associated with life cycle rituals such as birth, puberty, pregnancy, marriage, and death. Even if some of these customs have changed throughout time, following the life cycle rituals continues to be a crucial part of their cultural traditions.

CHAPTER IV
HEALTH, HEALTHCARE BELIEFS AND PRACTICES AND DISEASE AND ILLNESS ETIOLOGY

4.1 Concept of Health and Illness

This chapter addresses the important research questions in order to explore the healing practices that are found among the indigenous Adiyan and Mavilan tribal communities.

This chapter addressed the following research questions:

I. What are the notions about health, disease, illness, and healing among these communities?
II. To what do they attribute disease and illness, and how do they classify them on this basis?
III. What are the different ways in which the life and culture of the Adiyan and Mavilan tribal communities shape their indigenous healing practices?

It is important to understand that health is not only a function of medical care but also allied with factors such as culture, economics, social, and political factors (Basu, 1993, p.21). The Adiyan and Mavilan tribal communities show distinct perspectives on health and illness, emphasizing a holistic understanding encompassing physical, mental, emotional, social, and cultural dimensions. Both communities view health not merely as the absence of disease but as the integration of various factors contributing to overall well-being. Unable to carry out the daily routine, always having indigestion, color change of urine, constant disturbing thoughts, not being able to sleep, chronic fatigue, loss of thirst, loss of appetite, variation in pulse rate, heaviness in the head, color change of the eyes, nails, and palms, weakness of arms and legs, and extremely low or extremely high body temperature are considered as some of the symptoms of the illness. The Adiyan and Mavilan communities mainly derive their concept of illness from their sociocultural practices and practical knowledge.

4.2 Significance of Religion and Belief System

Adiyan and Mavilan communities have a custom of worshipping the ancestor's spirits. Through this, they are offering their gratitude to their ancestors and seeking blessings

from them to protect them from all kinds of illnesses and misfortunes. The researcher observed animism, animatism, worship of nature, clan deities, and chief deities. They also believe that not appropriately performing the vows, prayers, rituals, and ceremonies required for the ancestral spirits may cause diseases, crop failure, and natural calamities.

4.3 Maternal Healthcare: Special Diet

In earlier times, the Adiyan and Mavilan communities had a special diet for women during pregnancy and after childbirth. The community prescribes and forbids certain foods for women during pregnancy and postpartum. After childbirth, people explicitly gave specific foods to promote health, increase breast milk, reduce bleeding, increase iron content, and cure postpartum wounds. Their food habits have changed significantly in the contemporary era for the Adiyan and Mavilan.

4.4 Indigenous Healing System: Etiology of Disease and Illness

Adiyan and Mavilans share a common belief that the origin of illness, the methods of diagnosis, and possible healing methods of an indigenous healing system require a perspective beyond Allopathic Medicine. They believe that belief systems, norms, and sociocultural practices in a broader context deeply intertwine with these aspects, and they emphasis that identifying effective treatment is more significant in the cultural interpretation of an illness. These communities believe that illness affects both body and mind, destroying their balanced equilibrium. In both these communities, the seriousness of illness is determined based on its cause and the visible symptoms in the patients. Through ethnographic fieldwork, the researcher gathered the primary data on prominent illnesses and diseases observed among the Adiyan and Mavilan communities and classified these illnesses using Foster's (1976) two principles of illness etiology: Naturalistic causes and Personalistic causes.

Disharmonious relation of humans with nature, change in the traditional farming method, excessive use of chemical pesticides and fertilizers, changes in traditional food habits, deficiency of potable water and nutritional inadequacy, use of highly concentrated chlorinated water due to pollution, weather change, side effects of allopathic medicine, due to aging, and chewing betel leaves and tobacco, smoking, and consumption of alcohol are reported as naturalistic causes of illnesses by the Adiyan and Mavilan communities. The personalistic causes of illness among the Adiyan and

Mavilan communities include violation of customary laws, violation of taboos, failure to perform rites and rituals, the anger of ancestor spirits, the anger of deities, entering some places at the wrong time, an act of malevolent spirits, effects of sorcery, effects of an evil eye, and getting close to some trees.

Naturalistic and Personalistic etiologies coexist within the Adiyan and Mavilan Communities, and from time to time, the two etiological principles overlap. The Adiyan and Mavilan communities attribute various health conditions to cultural and supernatural beliefs, perceiving illnesses as consequences of violating cultural norms, angering deities, or encountering malevolent spirits.

4.5 Indigenous Healing System: Disease and Illness Diagnosis

The Adiyans adopt various indigenous methods to identify the causes of the various diseases or the disease-causing agents. For minor diseases, self-diagnosis is employed. If it cannot be diagnosed, the family members or community members will discuss (whether anyone previously had similar symptoms) and try to diagnose it. If that also fails, they will consult the ethnomedical specialists, and the ethnomedical specialist will conduct the physical examination and enquire with the patient about whether he has any symptoms like pain, swelling, inflammation, itching, etc. If required among Adiyan, a *gaddika* ritual is conducted to identify the cause of the diseases. If the disease is again undiagnosed, they will visit the hospital and consult the doctor.

The intricate relationship between socio-cultural practices and conceptions of health has been highlighted in this chapter. It suggests that various health-related beliefs are seen among these communities. The findings of this study suggest that a holistic perspective on health is seen among Adiyan and Mavilan communities, which includes aspects such as the social, mental, emotional, and physical realms. The traditional healing system of the Adiyan and Mavilan communities needs to be seen not only through the lens of a medical point of view but also through the social, cultural, and religious belief systems. The community prescribes and forbids certain foods for women during pregnancy and postpartum. Specific foods were explicitly given after childbirth to promote health, increase breast milk, reduce bleeding, increase iron content, and cure postpartum wounds. Similarly, certain foods were restricted to prevent bleeding.

CHAPTER V
HEALTH-SEEKING BEHAVIOUR
AND
HEALING SYSTEMS AND PRACTICES

The health-seeking behaviors among the Adiyan and Mavilan communities are examined in this chapter. The health-seeking behavior of tribal communities is influenced by socio-cultural factors and magico-religious beliefs (Kaushal, 2004, p.304).

The research questions addressed in this chapter are:

IV. What are the different types of indigenous healing practices which exist among the Adiyan and Mavilan communities?

V. What are the various ways in which indigenous knowledge of healing has been transmitted from one generation to another?

5.1 The Choice of Healthcare System and Pluralistic Healthcare Approaches

Cultural beliefs, practices, illness etiology, socioeconomic status, education, healthcare facilities, and accessibility to the healthcare center influence the choice of healthcare system or the choice of healing method. Adiyan and Mavilan prefer traditional medicine for naturalistic causes of illness based on disease causation factors, such as illnesses caused by cold, heat, wind, dampness, or an imbalance in the body's basic elements. They will proceed with modern medicine if traditional medicine does not cure the illness. If they do not cure it again, they seek ritual treatment. They prefer traditional medicine, especially the ritual healing method, for illnesses caused by personalistic factors such as sorcery, ancestor spirits, or evil spirits. For some categories of illness, they prefer traditional medicine, and for other categories, they prefer modern medical practices. Ayurveda and allopathy are well-established in Adiyan-inhabited areas (Nair, 2008, p.141). Recently, both Adiyan and Mavilan have started utilizing modern medical practices.

The communities often believe these traditional methods are the only effective remedies. In many cases, the modern healthcare system is considered an alternative only if indigenous treatments fail. Treatment methods are often selected based on the

illness's perceived severity or effectiveness. Cultural beliefs, such as the association of certain illnesses with evil eye or sorcery, play a significant role in shaping the healthcare practices of these communities. Ritual healing is often considered the primary option for specific ailments with supernatural origins. Allopathic medicine is preferred by these communities when they have chronic diseases or when the disease is severe.

5.2 Relationship between the Traditional Healer and Patient

In the tribal healing system, the relationship between the traditional healer and the patient is very important since it reflects the social and cultural dynamics of the tribe. A holistic framework incorporating a person's psychological, spiritual, physical, and social components is frequently the foundation of healing in many indigenous societies. The patients interact intimately with the ethnomedical specialist, who belongs to the same community (Boban, 1998, p.287). Mutual understanding, personal relationships, a sense of belonging, and a common cultural background enhance the patient's trust in the healer. This trust enhances the process of healing.

5.3 Ethnomedical Specialists, their Role and Significance

Similar to developed communities, folk societies also possess specialized healthcare experts such as herbalists, shamans, birth attendants, bonesetters, and massage therapists (Tribhuvan, 1998, p.250). These specialized healthcare experts are known as ethnomedical specialists.

Through extensive fieldwork involving participant observation, interviews, and Focus Group Discussions with community members, the researcher understood that six types of ethnomedical specialists treat various diseases and illnesses (i.e., cold, fever, dysentery, snake bite, bone fracture, spirit possession, etc.) in the Adiyan community.

The Adiyan community recognizes six types of ethnomedical specialists for their unique roles in treating illnesses. These include *Vaithiyakkaran* and *Vaithiyathi* (herbalists who use plant and animal matter for medicinal purposes), *Pottalu Nokkana Vaithiyakkaran* (bone setters), *Vesha Vaithiyakkaran* (herbalists specializing in treating bites from insects and snakes), *Bethikkarathi* (midwives), *Uzhichilkkaran* (traditional massage therapists), and *Thammadi* (ritual healers). These healers play an essential role in their communities by offering traditional medical care, often guided by spiritual beliefs and practices.

Below are extracts from the transcripts of the case study and interview with the ethnomedical specialists of Adiyan:

> *Ente appenuṃ achappenuṃ tammāṭi āyinte, nānu āde gaddika padichinu. Roga māranu gaddika tanne cheyanu*[2]. (My father and grandfather were *thammadi* (ritual healers). I have learned the healing methods from them. The ritualist should perform *gaddika* (the healing ritual) to cure some illnesses.

In the Mavilan community, ethnomedical specialists play distinct roles in treating various diseases and illnesses (i.e., cold, fever, dysentery, snake bite, bone fracture, etc.). These specialists include *Vaidhyan* (herbalists), *Veshavaidhyan* (specialists in treating insect bites), and *Karmi* (performers of magico-religious rituals).

Below are extracts from the transcripts of the case study and interview with the ethnomedical specialists of Mavilan:

> *Mārikkul kodutttāl baidyam pinal buddhimuttakk. Pacca marntna patt la accāratta patt la pratyekam ariv betum. Int kāppalatti dyyatta, ananntta la pārttippum.Iint tintl mattiy sahāyippum*[3]. (Treating snake bites is complex, and healers with exceptional knowledge of herbs and rituals perform this task. They also pray to the deity *Kappalathi* and ancestor spirits, which help detoxify the venom).

5.4 Curative and Preventive Healthcare Practices

Healthcare practices are the specific actions, rituals, techniques, and interventions used to promote health, diagnose conditions, and treat illnesses within a healing system. Curative healthcare practices involve treatments that address present illnesses or conditions rather than prevent them. Traditional medicine uses herbs, roots, bark, leaves, flowers, tubers, other plant components, and animal matters such as organs, bones, skins, or secretions. The Adiyan and Mavilan communities possess a rich traditional knowledge system that strategically uses specific plants as preventive medicine. They emphasize these plants' cooling properties, anti-inflammatory effects,

[2] Informant No.3, Interview conducted among the Adiyan community on 31.10.2021.
[3]Informant No.11, Interview conducted among the Mavilan community on 26.10.2022.

and immune-boosting capabilities, reflecting a holistic approach to health and well-being.

5.5 Ritual Healing Practices

The Adiyan and Mavilan communities treated personalistic causes of illness using supernatural agencies. The personalistic causes of illness among the Adiyan and Mavilan communities include violation of customary laws, violation of taboos, failure to perform the rites and rituals, the anger of ancestor spirits, the anger of deities, entering some places at the wrong time, an act of malevolent spirits, effects of sorcery, effects of an evil eye, and getting close to some trees. Adiyan and Mavilan believe that rituals are the only way to cure illness caused by the anger of ancestor spirits, deities, malevolent spirits, sorcery effects, and evil eye effects. In some cases, ritual healing is combined with herbal treatment. If herbal treatments fail to cure the disease or illness, the patient may seek ritual treatments. Supernatural agents (e.g., rituals) also help diagnose diseases or illnesses.

5.6 Knowledge Transmission

Indigenous medicinal knowledge is transmitted orally across generations. While familial transmission and apprenticeship play a significant role. Among the Adiyan and Mavilan communities, the fundamental processes for acquiring knowledge in the field of indigenous healing involve observation, recreation, and engaging in practice. Adiyan and Mavilan communities believe that active participation in healing rituals and ceremonies is a crucial component of healing knowledge acquisition.

CHAPTER VI
CONCLUSION

Traditional healing practices among the Adiyan and Mavilan communities are deeply rooted in cultural beliefs, rituals, and practices. Guided by principles of respect for nature, ancestral blessings, and communal responsibility, these practices integrate herbal remedies, rituals, and supernatural interventions. The significance of ethnomedicine lies in its holistic approach, addressing not just physical ailments but also spiritual and social well-being. The Adiyan and Mavilan community's understanding of illness causes is multifaceted, including naturalistic (i.e., environmental, biological) and personalistic aspects (i.e., sorcery, spirit affliction, evil eye). The Adiyan and Mavilan tribal communities have numerous ethnomedical specialists who play vital roles in the healthcare system. Despite modern healthcare accessibility, these specialists remain significant in the community, bridging traditional wisdom with contemporary needs. Preserving and respecting their knowledge is crucial for maintaining the cultural and healthcare integrity of the Adiyan tribe.

Compared to Mavilan, Adiyans predominantly utilize indigenous healing systems, possibly influenced by their geographical location, relative isolation, and access to natural resources. Adiyans mostly incorporate elements from their environment into their healing systems, reflecting their unique cultural and ecological context. The Adiyan community more commonly chooses ritual healing practices than the Mavilan community. This preference may stem from cultural traditions, spiritual beliefs, and the availability of resources within their respective environments. The contrast between the Mavilan and Adiyan communities is evident in their respective approaches to healthcare. Mavilans may have more healthcare options due to urbanization and access to modern medical facilities.

6.1 Policy Recommendations

Incorporating the following recommendations can enhance the overall health outcomes of the Adiyan and Mavilan tribal communities.

- The curriculum for medical courses should include Indigenous knowledge (i.e., indigenous medical knowledge).

- Enhance the Public Distribution System (PDS) to include or replace current offerings with nutritious foods that align with tribal communities' traditional dietary preferences, mitigating nutritional imbalances caused by changes in food habits due to shifts in traditional subsistence practices.
- The researchers should document the indigenous knowledge (i.e., Indigenous medical knowledge). It should be transmitted and included in the education.
- Understanding the tribal community's perspective on health, illness, and healing is crucial for culturally sensitive healthcare interventions. Recognizing the socio-cultural context of illness narratives is essential for effective communication between healthcare providers and community members.
- The study recommends that integrating traditional healing practices alongside modern medical intervention is crucial in achieving a complete cure. Tribes adopt a holistic treatment method that heals both body and mind.
- Governments can enhance the accessibility of healthcare services by constructing clinics and other healthcare facilities within or near tribal villages. Tribal communities should confront the significant challenge posed by the limited availability of essential medicines, which they often need to purchase from medical outlets. To ease financial constraints, stakeholders must ensure that access to medicines, diagnostic tests, and related expenses is readily available without imposing a financial burden. The researcher emphasizes that they do not advocate for replacing Indigenous health practices with biomedical support; instead, they promote a complementary system that addresses urgent health needs while respecting and incorporating traditional knowledge.
- Addressing linguistic barriers by providing healthcare information in tribal languages is recommended. Additionally, employing community health workers or interpreters proficient in both regional and tribal languages would be beneficial. To promote health awareness, use culturally appropriate resources and techniques, such as narrative storytelling, community events, drama, and art forms.
- Establish integrated hospitals where ethnomedical specialists can play a role. Collaborative efforts between traditional healers and modern medical practitioners could be beneficial in specific contexts. Develop alternative hospitals where ethnomedical specialists can take on the roles of medical specialists.

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